

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8602**
Registrar's No. **2085**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

- (a) County Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2201 a. Benton Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)
In this community 25 Years

3. (a) PRINT FULL NAME Mrs Helena Kowalski

8. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased Dec 18 - 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

- MOTHER FATHER { 12. Name Unknown
13. Birthplace Poland (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Kowalski
(b) Address 2201 a Benton Str

17. (a) Burial (b) Date thereof March 4
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director CENTRAL UND. Co.
(b) Address 1841 Cass ave

19. (a) MAR 1 1940 (b) J. B. Bullock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2201 a Benton Str.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 28 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1/5/40
_____, 19____, to 2/28, 1940;
that I last saw her alive on 5:30 PM, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

General carcinomatosis
Due to of abdominal viscera
Due to 1st. n. m. d.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: General carcinomatosis
Of operations of abdominal viscera
On autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Frank J. Smith (and for other) _____
Address 4930 Lindell Date signed 2/21/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert E. Hoffa

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.